
Meeting	Health and Wellbeing Board
Date	21 January 2026
Present	<p>Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick; Sarah Coltman-Lovell – York Place Director, Humber and North Yorkshire ICB Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York Alison Semmence – Chief Executive, York CVS Pauline Stuchfield – Director of Housing and Communities, City of York Council Sara Storey – Corporate Director of Adult’s and Integration, City of York Council Naomi Lonergan Interim Managing Director, North Yorkshire & York, Tees, Esk and Wear Valleys NHS Foundation Trust Lucy Brown – Director of Communications, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Clare Smith) Toni Tranter - Head of Early Intervention and Prevention, North Yorkshire Fire and Rescue Service (Substitute for Tom Hirst)</p>
Apologies	<p>Martin Kelly – Corporate Director, Children’s and Education, City of York Council Clare Smith – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service Fiona Willey – Chief Superintendent, North Yorkshire Police</p>
Absent	<p>Dr Emma Broughton – Joint Chair, York Health and Care Collaborative Mike Padgham – Chair, Independent Care Group</p>

Officers in Attendance Dr Tori Blake – Director of Urgent Care, Nimbuscare
Phil Truby – Head of Public Health, City of York Council
Jane Timson – Independent Chair of the City of York Safeguarding Adult Board (CYSAB)
Michael Melvin – Assistant Director of Adults and Integration

30. Apologies for Absence (4:32pm)

The board received apologies from the Corporate of Childrens and Education, City of York Council; there was no substitute.

The board received apologies from the Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service, who was substituted by the Head of Early Intervention and Prevention.

The board received apologies from the Chief Superintendent, North Yorkshire Police; there was no substitute.

The board received apologies from the Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust, who was substituted by the Director of Communications.

31. Declarations of Interest (4:33pm)

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

32. Minutes (4:33pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 19 November 2025.

33. Public Participation (4:33pm)

It was reported that there had been two registrations to speak under the Council's Public Participation Scheme; one speaker sent apologies due to sickness.

Flick Williams spoke on item 7, questioning the decision-making process. She said it appeared unclear whether there would be any further public consultation on this matter and if the decision was being made here, she questioned the lack of a human rights and equalities impact assessment to accompany it.

She voiced concerns that adding fluoride to the water supply amounted to "universal dosing" of a medication, which would impact residents' health and human rights, removing the element of individual choice. She also queried the possibility of an ensuing price rise for water bills.

34. Presentation: Direction and Purpose of York's Neighbourhoods - to inform Health & Wellbeing Board Planning for Neighbourhood Health Reform (4:37pm)

The Director of Public Health introduced the item, noting that it was the board's duty to publish a Neighbourhood Health Plan, and this would hopefully allow acute hospitals to work much more at a neighbourhood level, with external services more deeply integrated and embedded with the NHS, which he said was a timely alignment for York. He suggested that the board's role in this process should be to steer the agenda and outlined how the model fitted in with York's wards and

The item was then presented by The Director of Housing and Communities and the Director of Urgent Care, Nimbuscare.

The Director of Housing and Communities summarised how health services would fit into this model, advising that the local authority had planned for services to work within communities via an early intervention and prevention approach, to work with people as early and locally as possible. She noted that in York there were various existing models of integrated working to build upon, such as Local Area Coordinators, SEND hubs, Frailty hubs, Family hubs, and Mental Health hubs.

She advised that Neighbourhood Partnership Boards had been organised across the city, and work was being undertaken with the voluntary care sector to better respond to local issues. She detailed how the Integrated Neighbourhood Team would support the population on an individual level as well as through more complex cases identified by data. A consistent approach to working with the INT had been agreed between York Health and Care Collaborative and the council's Executive.

The Director of Urgent Care went on to discuss Population Health Management. She advised that this involved using data to identify residents who needed multi-agency support, and working together to provide better support than the current single agency system was able to. She talked the board through a case study on how multi-agency social prescribing and trusted relationships looked in real terms.

The Director of Public Health advised that national guidelines concerning how Health and Wellbeing Boards needed to form their Neighbourhood Plan had not yet been received but were anticipated in the coming weeks. He stated that initial guidance suggested that boards would be required to offer leadership, and he hoped that partners would be able to further discuss this at the Local Government Association workshop being convened in March and at the subsequent meeting of the HWBB.

The Chair noted that York was in a strong position with this plan and the board simply needed to determine how deeply involved it wished to be with the neighbourhood plan.

Board members asked how "Caroline's story" - the case study in the presentation – tied in to the Neighbourhood Model and what about York's model had led to a different outcome in this case.

The Director of Urgent Care responded that the case study highlighted the need for different organisations to come together through a multiagency approach, working around the needs of an individual. She stressed that this was fundamentally different from partners looking after patients without interaction from other agencies. Partners were not fully at the stage where they had adopted a multi-agency approach, but were moving in that direction.

Board members asked about fixing problems upstream being preventative, and whether in future the Neighbourhood Model

might thereby fix problems before they got to the point discussed in “Caroline’s Story”.

The Director of Public Health answered that this case study showed the difference a proactive model of social prescribing made. Traditionally, something goes wrong, and someone went to healthcare providers for support; the intention of the new model was different, rather than waiting for something to go wrong, people in high risk groups who are currently in good health can be identified on GP registers and providers can reach out to them to proactively make a personalised plan to attenuate risks. He noted that this was much clearer to see in a neighbourhood setting.

The York Place Director said that this discussion was the start of a conversation among board members that would need to continue over the next six months. She responded to the previous query stating that this was about creating a systematic approach for identifying need rather than relying on a single point of referral. and community champions, ward councillors and others could all provide early help and intervention, rather than the traditional reliance on primary care referrals. York Hospital and TEWV, needed to relate to neighbourhoods too.

The Chief Executive, York CVS commented that this was about centring care around individual people, and Social Prescribing was an ideal way of picking up on people who were otherwise off the radar of the system or isolated at home.

The Corporate Director of Adults and Integration said that the case study was positive, but even so Caroline had experienced a bad year, which had further impacted her health. Going forward, it would be even better to avoid all challenges. Thinking about may need assistance with movement by addressing problems earlier and utilising local teams to ensure fewer people around the patient.

The Manager of Healthwatch York suggested that the real challenge was around understanding neighbourhoods as real places and not just arbitrary compass directions or map zones.

The Managing Director, TEWV, endorsed the plan, adding that all organisations would need to properly engage with the scheme for it to work to its full potential. The Director of Communications, York and Scarborough Teaching Hospitals

NHS Foundation Trust added that York Hospital was already discussing how to achieve this within their organisation.

On behalf of the board, the chair then

Resolved: To receive the presentation.

Reason: To be informed on the direction and purpose of York's neighbourhoods to inform health and well-being planning for the neighbourhood health reform.

35. Verbal Update from the York Health and Care Partnership (5:18pm)

A verbal update on the York Health and Care Partnership was delivered by the York Place Director; she apologised for the absence of a written report, explaining this was due to ongoing changes around the Integrated Care Board, including aspects of the Neighbourhood Health Policy, and she wanted to wait for more information on the ICB's plans and the national policy direction on the Neighbourhood Health work so that the York Health and Care Partnership could establish its position before reporting to the Health and Wellbeing Board.

She stated that the Neighbourhood Health strategy was a core policy to the board's 10-year-plan, and that York had been identified as being in the best position to scale neighbourhood working around the city. She assured partners that this was something which the NHS took seriously and stressed the importance of scaling change, noting they needed to focus initially on prevention and early intervention in order to ultimately be a better partner for Neighbourhood Health, and that the strategy was more holistic than just NHS partners.

She noted four upcoming pieces of guidance that were anticipated, impacting the board's statutory duty to the Neighbourhood Health Plan:

1. Work around the model neighbourhood, in the form of a document discussing success factors, key ingredients and so on.
2. Guidance on new contract forms; not simply a vision or a plan, this would involve new models for single and multi-

neighbourhood provider contracts with different forms to what had been used before and would incentivise providers to deliver this model, making improvements to cash flow and work flow.

3. The Better Care Fund, as already discussed by the Director of Public Health.
4. Guidance on better use of physical assets; within the City of York 50+ buildings were owned or rented between General Practice, York Hospital Trust and TEWV, not to mention the many civic and council assets. To work in a way that supports people going forward it would help to have some ability to share use of these premises.

On the ICB policy direction she explained the demand for ICB's to make a 50% reduction to their running cost by April 2026. The ICB needed to ensure its statutory functions continued to be delivered and this left relatively fewer resources for commissioning, but this remained a key focus.

She indicated that going forward, commissioning would have to focus on assessing population needs and developing the long-term population health strategy for system procurement contracting, getting contracts and incentives in place and then evaluating impact of services.

She outlined that the HWBB would still be able to engage with the ICB as a strategic commissioner, in the development of a long-term population health strategy and the evaluation of its implementation. She added that this came back again to the Neighbourhood Health model.

She discussed anticipated running cost and commissioning reductions, noting that approximately 150 redundancies were expected over the next few months. The outcome of the ICB's consultation was expected on 10 February, at which point the implementation of this would begin, which was expected to take a number of months. By summer the impact of these reductions would be clear.

She stated that strong partnership working remained vital to YHCP, but there would no longer be teams dedicated to Place funded by the ICB, as was currently the case. She felt that the

model would move from the ICB leading Place to being a partner of Place.

She said the ICB had confirmed that the Joint Committee would continue to operate, reporting to the ICB and HWBB, and would remain a formal committee of both. She suggested evolving the Joint Committee to be as effective as possible in delivering the work required in York. She suggested that more would be known by the next formal meeting of the board, where she would provide a formal report setting out the operating model for YHCP moving forward, as well as the minutes from their previous meeting and a report covering the points that would have been raised, had the forward report been presented today.

She concluded that the main guidance for Health and Wellbeing Boards in the production of the Neighbourhood Health Plan had been expected on the day of the January HWBB meeting, which was one of the reasons she had delayed her report, but this was now expected mid-February and the other pieces of guidance were expected before the end of April.

There were no questions from board members.

It was thereby

Resolved: That the Board note the verbal update from the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

36. Water Fluoridation (5:31pm)

The report was presented by the Director of Public Health, who explained that this was very detailed due to the tooth decay situation in York worsening over recent decades. He explained that this was against a backdrop of tooth decay being the leading cause of children 6-9 going into hospital, with 22,000 UK hospital admittances every year necessitating an extraction under general anaesthetic. He noted that this was a topic that had been debated and discussed for 90 years, and the debate over fluoridation was therefore not new.

Addressing the comments of the speaker during Public Participation, he offered to correspond or meet with the speaker to further discuss this. For the purposes of the meeting, he suggested that many of the speaker's arguments had been extensively debated in the past but sought to reassure over two of her key points.

He confirmed that the addition of fluoride to the water system was supported by all four Chief Medical Officers in the United Kingdom; the Chief Dental Officer of the United Kingdom, the British Dental Association, the Royal College of Paediatrics and Child Health and the British Society of Paediatric Dentistry, and there was thereby significant weight of professional opinion behind this. The science of its effectiveness in reducing dental cases and hospital admissions was established.

He stated that adding fluoride to water reached everyone, passing on beneficial properties, noting that this was effective in narrowing the gap in dental health between affluent and poor communities, as it was generally poor and deprived children who ended up in hospital with this issue, but in areas which have fluoride in the water that was far less the case. He advised that there were already 6 million people in the UK who had fluoridation in their water (either through natural means or via adding fluoride to the water as was proposed for York). He noted that the paper cited studies suggesting this could have both an adverse but particularly a beneficial effect on children's dental health.

He stressed that fluoride was not considered a medicine as the speaker had suggested, rather it was a part of the water system. He noted that drinking water was treated with additives to make it safe, removing impurities from it, such as bacteria and viruses. Adding fluoride was part of this water treatment process and did not constitute adding a medicine and people were already receiving it and other treatments in their water without specific consent.

He proposed that while this report was specifically calling on the board "in principle" to support in the addition of fluoride to the water for York, the board should additionally ask the Council Leader, Cllr Claire Douglas, to write to the Secretary of State, to reinforce that this is the conversation our local clinicians, elected members, senior officers, those in the voluntary and community sector have assented to. He suggested partners could put their

names to a letter and statement, as this was something the government was proactively seeking from local authorities.

Board members asked whether there was any evidence regarding negative side effects. The Director of Public Health responded that the main side effect was fluorosis, which produced a mottled effect on teeth in a small number of people, and that this was far outweighed by the benefits. He suggested that while there were theories put forward by people regarding various side effects, the benefits were very high and these harms remained unproven.

The Managing Director, TEWV agreed that this evidence was very clearly laid out in the report. In such cases where there was any doubt, partners should be led by evidence.

Cllr Runciman stated that she felt very strongly about this matter, having campaigned for over 50 years about this. She felt it would do the world of good.

Cllr Webb suggested the paper was narrow but wider benefits to improving dental hygiene that should not be missed. He noted that fears circulated about “putting chemicals in water” neglected to take into account that water WAS a chemical.

The Manager, Healthwatch York suggested that publishing hospital dental figures for children had now stopped, but this was something York had not been getting right. She therefore agreed that fluoridation was a good thing.

The York Place Director referred to the ICB’s purpose, that in terms of interventions this was the biggest thing in terms of cost vs benefit.

Chair said this strategy was key to reducing health inequalities in most vulnerable children.

The board thereby

Resolved: To support the principle of the addition of fluoride to the water supply covering York residents.

Reason: To improve the oral health of residents in York and reduce inequalities in oral health outcomes.

Additionally it was

Resolved: To ask the Council Leader write to the Secretary of State, reinforcing support from local clinicians, elected members, senior officers, those in the voluntary and community sector.

Reason: This is something the Secretary of State has proactively sought from Council Leaders.

37. A Compassionate Approach to Healthy Weight (5:47pm)

The Head of Public Health presented the item, noting that there was increasing recognition that obesity was a chronic repeating condition. He discussed how the council was providing services around support to healthy weight within the city at each stage of life, the stigmatising effect of the wording on letters that had previously been sent out to residents and the impact of weight loss drugs. He summarised that the next step for the HWBB was for all partners to agree to approve and promote the compassionate approach to weight loss across all organisations, and where possible look to embed trauma-informed practice, weight stigma reduction, a focus on holistic health rather than just weight outcomes and have a real consideration of those commercial influences on food and activity choices.

The Managing Director, TEWV welcomed the change in approach. She acknowledged that in cases where people had severe and enduring mental illness there was a direct link between obesity and any measure that was more engaging and less stigmatising. She noted that TEWV had recently been involved in research and took a particular approach for mental health, so they already had some foundational work on this in place.

The Chair asked whether evidence supported the improved long-term outcomes from a greater focus on health gains and becoming healthy, rather than solely a weight loss programme. The Head of Public Health said this was supported by evidence, stating that when interventions focused solely on weight, they missed so much else in terms of the holistic view of health and someone could be of healthy weight and chronically unhealthy or vice versa. He stressed that embedding these basic

principles around physical activity and nutrition was key and being able to communicate the benefits to families, individuals, groups and organisations would result in better outcomes all across the city.

He noted that there were different sections of the community which experienced greater challenges than others achieving and maintaining a healthy weight, so the services listed in the report would need to be proportionate and directed to where the need was greatest.

Board members asked how Public Health was engaging with other parts of council (such as active transport or weaning children). The Head of Public Health answered that they were working closely with colleagues, noting that last year the city hosted the National Active Travel Conference and public health had worked with that team to look at how active travel could be embedded. Public Health were also working on the active schools programme, which linked in closely around looking at how walking and cycling into school was promoted.

The board identified a potential gap between breast feeding and healthy eating vouchers where parents of young children may be less supported than other age groups, and specifically discussed children who were weaning.

The Head of Public Health responded that he was working closely with colleagues across Children's Services concerning the Raise York Partnership (supporting parents, carers, children, young people and anyone who works with these groups) and the Best Start in Life interventions for healthy weight in under-fives was one of the key priorities for the partnership.

Regarding weaning he noted that as part of that pathway, one of the one of the offers was the HENRY program (Health, Exercise, Nutrition in the Really Young) which specifically addressed the topic of weaning, though he admitted this support was relatively limited and could be expanded more.

Board members supported the changes, noting that this plan was a lot more progressive and positive than historic strategies, where in the past there was no an attempt to understand the reasons for people being overweight and the complex relationship with food they had developed, they were simply put on a strict diet which helped them lose weight. Consequently,

the impact on their mental well-being had been disastrous, since the focus had been on getting them to be thinner rather than actually helping them be healthy, well-adjusted adults. It was going forward, concern was also raised against the normalising of weight loss jobs in an environment where young people are very sensitive to body image.

The board asked about the supplementary planning documents referred to in the report, and the sort of content that expected there in terms of planning.

The Director of Public Health discussed the Health Impact Assessment and the guidance laid out in the Supplementary Planning Document. He explained that the Local Plan contained a specific policy (HW7) which concerned the need for developers of major strategic sites to offer a Health Impact Assessment (HIA). York would soon be publishing what its HIA frameworks would look like, but ultimately this would allow the council to assess the impact of a new development and guidance would be laid out either in a supplementary planning document, or simply guidance on how the layout of a development might best enable people to make a journey without using a motor vehicle. He stated that this would focus on aspects of the planning policy that were currently in the National Planning Policy Framework around hot food takeaways such as where these can be sited or additional planning objectives; for example, local areas would typically stop these from being sited near schools.

The Director of Public Health also said that beyond the specific development there was a citywide strategy to enable people to travel without using a car and enable them to access sports provision and green space. He stated that there was already a process around developer contribution to these strategies, but it was important to ensure future developments continue to have the right green space in the right places and that contribution to sports and active leisure provision remained in the city.

The Chair concluded that the board was clearly supportive of these changes, the proposal was timely and suggested taking a holistic trauma-informed approach.

Resolved: To approve and endorse the ethos and service changes lying behind the proposed 'compassionate approach' to healthy weight

Reason: To provide effective, supportive and non-stigmatising services and support around weight in the city

Resolved: To consider the implications of this 'compassionate approach' for each individual organisation

Reason: To embed and disseminate our agreed approach across city organisations.

38. City of York Safeguarding Adults Board Update (6:06pm)

The item was presented by the Independent Chair of the Safeguarding Adult Board. The Assistant Director of Adults and Integration assisted her with questions from board members.

The Independent Chair noted that the purpose of her presentation was not to invite a decision from board members, but to update them on the work of the Safeguarding Adults Board in the year 2024/25 and its strategy for 2025-28.

She explained that in York the Chief Operating Officer had delegated responsibilities to the Corporate Director of Adult Social Care and Integration as well as the Executive Member for Health, Wellbeing, and Adult Social Care at City of York Council, who were the key points of professional and political accountability. She added that agencies and providers also had responsibilities to promote well-being and provide advice, regardless of whether a statutory adult safeguarding duty applied, or whether the local authority had identified an action for itself following a safeguarding inquiry. She stressed that CYSAB endorsed the collaborative, preventative, neighbourhood approach being advocated in other items on the agenda.

She discussed the three core duties of the CYSAB:

1. To develop and publish a strategic plan setting out how CYSAB would meet its objectives, and how member and partner agencies would contribute.
2. To publish an annual report which detailed how effective its work had been.

3. To commission Safeguarding Adults Reviews (SARs) for any cases which met the SAR criteria.

She noted that the voice of the lived experience of adults was important to the board and they had strengthened and focused in on this in the past year. It was not merely an issue of data, rather the board was working to let the voice of those adults influence its work as a partnership.

She stated that work on the three year strategy 2022-25 had been concluded in the past year, embedding guidance for professionals and staff working around safeguarding. Partnership working had been strengthened, and more emphasis had been placed on organisations that represented people in the City of York. Self-Neglect Practice Guidance had been published, because it was felt from studying SARs that this was an area that required systemic improvement. Other improvements included publishing guidance to encourage frontline staff to have better professional curiosity, to assist in responding to situations, and to establish an escalation protocol.

She noted that statistics showed concerns increasing year on year by at least 10%, this year was no exception, and she did not anticipate this changing in the future. She stressed that this didn't mean more people were being abused within the City of York, rather it was an indication of greater awareness about how to raise a concern, and people understanding their roles and responsibilities in relation to that.

She noted that in addition to strong partnership working within the authority, CYSAB had this year strengthened its relationship with North Yorkshire, working collaboratively with colleagues there, which had been mutually beneficial, particularly as many partners had a shared footprint and collaboration saved a duplication of work in many areas.

With regard to the strategy for 2025-28 she stated there would remain a focus on prevention, awareness and engagement, and CYSAB would ensure the people of York have the confidence and awareness of how to raise concerns. She additionally emphasised continuing to learn, reflect and improve practice as key aspects of the strategy.

She stated that the key aspect of the strategy, which could be further supported by a neighbourhood approach, was a strengthening of multi-agency safeguarding responses to adults at risk of exploitation, rough sleeping and homelessness, as well as those experiencing self-neglect and hoarding.

As an example of joined up working around hoarding she stressed that health providers should be made aware of the situation, and not be discharging people unchecked to homes they have made unsafe. Instead there should be a wraparound partnership approach to find a solution. The strategy going forward would build a multi-agency (with Police and Children's) risk management protocol for hoarders. The board had already worked with the Assistant Director of Adults and Integration on a dashboard where concerns can be tracked, and they had engaged with the Director of Housing and Communities concerning rough sleeping and homelessness, who had established a task and finish group.

Board members asked about the contacts for people to raise a safeguarding concern and whether full details were provided in the presentation.

The Independent Chair confirmed that the presentation included links for professionals or members of the public to complete a safeguarding referral form online, and also the CYSAB phone number (these were listed in Section 11 of Annex A).

Resolved:

- i. To note the contents of the annual report 2024/25.
- ii. To consider how they can contribute to the joint work of the Board and note strategic plans for 2025 - 2028 and how they can be supported in particular to the areas of focus below:
 - Prevention, Awareness and engagement.
 - Learning, reflection and practice improvement.
 - Strengthening multi-agency safeguarding responses to:
 - a. Adults at risk of exploitation.
 - b. Adults at risk of self-neglect and hoarding.
 - c. Adults at risk of rough sleeping and homelessness.

Reason: To keep the Health and Wellbeing Board informed of the work of the CYSAB.

39. Healthwatch York Reports: "Mental Health in York: A Progress Review" and "Mental Health: What good should look like" (6:26pm)

The report was presented by the Manager of Healthwatch York; she noted that it exemplified the way that Healthwatch York could convey residents' experiences of health and social care, and utilise their reported experiences to identify areas for further exploration.

In this case the report concerned mental health support offered, and the expanded support of mental health through primary care. She thanked Rachael Maskell MP for working with Healthwatch on the report and responding to residents' concerns, indicating that while there were no specific recommendations in this report, it reflected the recommendations in Healthwatch's previous report, which she believed were still valid. She welcomed the commitment made to discuss these reports at the next Mental Health Partnership and expressed her hope the partnership could support the work being done there to continue the transformation of local mental health services.

The Managing Director, Yorkshire, York and Selby – Tees, Esk and Wear Valleys NHS Foundation Trust admitted that the content of this report was difficult to hear and that TEWV were sorry for the negative experiences of its services that had been raised. She advised that Alison Smith, the new Chief Executive, had been in York responding to these concerns, TEWV had spoken to Rachael Maskell to address residents' complaints, and improvements were planned with the Trust's Voluntary, Community and Social Enterprise partners. She emphasised the focus around York's Mental Health hubs and stated that TEWV would be working with Healthwatch to retain the voice of lived experience.

The Corporate Director, Adults and Integration commented on the work still to be done, noting that there were currently two Mental Health Hubs with ambitions and funding for a third, and this was a positive foundation to build upon, working with partners to offer an integrated model of Mental Health in York.

The York Place Director stated that the team around the person had potential to make a key difference here; moving away from a referral-based to a relation-based model. She suggested that NHS services were not always helped to move to new models; somehow expecting providers to continue with traditional models while working in new ways. She agreed that the Mental Health hubs needed to be established as a central part of this new model and was optimistic that the Neighbourhood Health Policy would facilitate this, suggesting that partners including the ICB could do more to support bringing this new model together.

It was then

Resolved: To receive Healthwatch York's reports, "Mental Health in York: A Progress Review", and "Mental Health: What good should look like".

Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are telling us.

40. Health and Wellbeing Board Chair's Report (6:36pm)

The report was presented by the Chair of the Health and Wellbeing Board, who broadly took the report as read, although members wished to discuss Annex A; specifically to express concern about the loss of 100 hours pharmacy provision and pharmacy services on Saturday afternoons and Sundays for Westfield Ward.

The Chair agreed that this was particularly unfortunate, and with the removal of out of hours provision, people who work, people with small children and others would have difficulty obtaining pharmacy services.

The Director of Public Health stated that the board had done what it could, and this was precisely why the Pharmaceutical Needs Assessment had been written. Although the PNA could not directly compel the opening of a pharmacy, it did lay the groundwork to encourage a business to open, giving favourable treatment to any application that was proposed for this area. Should any contractor wish to open a pharmacy here, the

statement demonstrated a need, and the contractor's application was therefore likely to be approved.

The York Place Director noted that the ICB's pharmacy service, together with the Director of Public Health had fully investigated this issue to ensure that everything possible was being done. She acknowledged this was a rules-based system which was prescriptive in terms of what can and can't be done and when, but the HWBB had done everything it possibly could to advance this situation.

The Director of Public Health concluded by noting that following a similar need arising in Clifton, a contractor had now come forward and been appointed in that area. He was unable to give the board an exact date when that pharmacy would open, but on the basis of this example he wanted to reassure them that the process did work.

It was then

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

Cllr L Steels-Walshaw, Chair
[The meeting started at 4.32 pm and finished at 6.42 pm].

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